

AMENDED IN ASSEMBLY JUNE 30, 2016

AMENDED IN SENATE JUNE 1, 2016

AMENDED IN SENATE MARCH 30, 2016

SENATE BILL

No. 1135

Introduced by Senator Monning

February 18, 2016

An act to add Section 1367.031 to the Health and Safety Code, and to add Section 10133.53 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 1135, as amended, Monning. Health care coverage: notice of timely access to care.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires each department to develop and adopt regulations to ensure that enrollees have access to needed health care services in a timely manner.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires each prepaid health plan to establish a grievance procedure under which enrollees may submit their grievances.

This bill would require a health care service plan contract or a health insurance policy that is issued, renewed, or amended on or after January 1, 2017, to provide information to enrollees and insureds regarding the standards for timely access to health care services and other specified health care access information, including information related to receipt of interpreter services in a timely manner, no less than annually, and would make these provisions applicable to Medi-Cal managed care plans. The bill would also require a health care service plan or a health insurer to provide a contracting health care provider with specified information relating to the provision of referrals or health care services in a timely manner.

Because a willful violation of the bill's provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1367.031 is added to the Health and
2 Safety Code, to read:
3 1367.031. (a) A health care service plan contract that is issued,
4 renewed, or amended on or after January 1, 2017, shall provide
5 information to an enrollee regarding the standards for timely access
6 to care adopted pursuant to Section 1367.03 and the information
7 required by this section, including information related to receipt
8 of interpreter services in a timely manner, no less than annually.
9 (b) A health care service plan at a minimum shall provide
10 information regarding appointment wait times for urgent care,
11 nonurgent primary care, nonurgent specialty care, and telephone
12 screening established pursuant to Section 1367.03 to enrollees and
13 contracting providers. The information shall also include notice
14 of the availability of interpreter services at the time of the
15 appointment pursuant to Section 1367.04. A health care service

1 plan may indicate that exceptions to appointment wait times may
2 apply if the department has found exceptions to be permissible.

3 (c) The information required to be provided pursuant to this
4 section shall be provided to an enrollee with individual coverage
5 upon initial enrollment and annually thereafter upon renewal, and
6 to enrollees and subscribers with group coverage upon initial
7 enrollment and annually thereafter upon renewal. The information
8 shall *also* be provided in the following manner:

9 (1) In a separate section of the evidence of coverage titled
10 “Timely Access to Care.”

11 (2) In the same manner and place that notice of language
12 assistance programs is provided pursuant to Section 1367.04 and
13 the regulations adopted thereunder.

14 (3) In a separate section of the provider directory published and
15 maintained by the health care service plan pursuant to Section
16 1367.27. The separate section shall be titled “Timely Access to
17 Care.”

18 (4) On the Internet Web site published and maintained by the
19 health care service plan, in a manner that allows enrollees and
20 prospective enrollees to easily locate the information.

21 (d) (1) A health care service plan shall also provide the
22 information required by this section to contracting providers on
23 no less than an annual basis, and shall additionally provide a
24 contracting provider with the following information:

25
26 “If one of your patients is unable to obtain a timely referral,
27 either you or your patient may call the health care service plan or
28 the Department of Managed Health Care Help Center at
29 1-888-HMO-2219 to obtain help.

30 California law requires a health care service plan to provide or
31 arrange for the provision of covered health care services in a timely
32 manner appropriate for the nature of the enrollee’s condition,
33 consistent with good professional practice. If an appointment is
34 delayed or extended, the referring or treating health care
35 professional shall note in the relevant record that a longer waiting
36 time will not have a detrimental effect on the health of the enrollee.

37 It is the obligation of the health care service plan to have
38 sufficient numbers of contracted providers to maintain compliance
39 with timely access to care for enrollees. If a contracting provider
40 is unable to provide care in a timely manner consistent with the

1 requirements for timely access to care, the health care service plan
2 shall have in place policies and procedures to ensure that the
3 enrollee shall receive timely access to care.”

4 (2) *A health care service plan may comply with this subdivision*
5 *by including the information with an existing communication with*
6 *a contracting provider.*

7
8 (e) This section shall apply to ~~plans with~~ Medi-Cal managed
9 care plan contracts *entered into* with the State Department of Health
10 Care Services pursuant to Chapter 7 (commencing with Section
11 14000) ~~and or~~ Chapter 8 (commencing with Section 14200) of
12 Part 3 of Division 9 of the Welfare and Institutions Code.

13 SEC. 2. Section 10133.53 is added to the Insurance Code, to
14 read:

15 10133.53. (a) ~~A policy of health insurance~~ *policy* that is issued,
16 renewed, or amended on or after January 1, 2017, shall provide
17 information to an insured regarding the standards for timely access
18 to care adopted pursuant to Section 10133.5 and the information
19 required by this section, including information related to receipt
20 of interpreter services in a timely manner, no less than annually.

21 (b) A health insurer for ~~a policy of health insurance~~, *health*
22 *insurance policy*, as defined in subdivision (b) of Section 106, that
23 provides or arranges for hospital or physician services at a
24 minimum shall provide information regarding appointment wait
25 times for urgent care, nonurgent primary care, nonurgent specialty
26 care, and telephone screening established pursuant to Section
27 10133.5 to insureds and contracting providers. The information
28 shall also include notice of the availability of interpreter services
29 at the time of the appointment pursuant to Section 10133.8. A
30 health insurer for a policy of health insurance may indicate that
31 exceptions to appointment wait times may apply if the department
32 has found exceptions to be permissible.

33 (c) The information required to be provided pursuant to this
34 section shall be provided to an insured with individual coverage
35 upon initial enrollment and annually thereafter upon renewal, and
36 to insureds and group policyholders with group coverage upon
37 initial enrollment and annually thereafter upon renewal. The
38 information shall *also* be provided in the following manner:

39 (1) In a separate section of the evidence of coverage titled
40 “Timely Access to Care.”

1 (2) In the same manner and place that notice of language
2 assistance programs is provided pursuant to Section 10133.8 and
3 the regulations adopted thereunder.

4 (3) In a separate section of the provider directory published and
5 maintained by the insurer pursuant to Section 10133.15. The
6 separate section shall be titled “Timely Access to Care.”

7 (4) On the Internet Web site published and maintained by the
8 insurer, in a manner that allows insureds and prospective insureds
9 to easily locate the information.

10 (d) (1) A health insurer shall also provide the information
11 required by this section to contracting providers on no less than
12 an annual basis, and shall additionally provide a contracting
13 provider with the following information:

14
15 “If one of your patients is unable to obtain a timely referral,
16 either you or your patient may call the health insurer or the
17 Department of Insurance at 1-800-927-4357 to obtain help.

18 California law requires a health insurer to provide or arrange for
19 the provision of covered health care services in a timely manner
20 appropriate for the nature of the insured’s condition, consistent
21 with good professional practice. If an appointment is delayed or
22 extended, the referring or treating health care professional shall
23 note in the relevant record that a longer waiting time will not have
24 a detrimental effect on the health of the insured.

25 It is the obligation of the health insurer to have sufficient
26 numbers of contracted providers to maintain compliance with
27 timely access to care for insureds. If a contracting provider is
28 unable to provide care in a timely manner consistent with the
29 requirements for timely access to care, the health insurer shall have
30 in place policies and procedures to ensure that the insured shall
31 receive timely access to care.”

32 (2) *A health insurer may comply with this subdivision by*
33 *including the information with an existing communication with a*
34 *contracting provider.*

35
36 SEC. 3. No reimbursement is required by this act pursuant to
37 Section 6 of Article XIII B of the California Constitution because
38 the only costs that may be incurred by a local agency or school
39 district will be incurred because this act creates a new crime or
40 infraction, eliminates a crime or infraction, or changes the penalty

- 1 for a crime or infraction, within the meaning of Section 17556 of
- 2 the Government Code, or changes the definition of a crime within
- 3 the meaning of Section 6 of Article XIII B of the California
- 4 Constitution.

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